

Lincoln



Nebraska's Capital City

March 21, 2002

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Presna Latina Inc, d.b.a. El Puente, 815 'O' Street requesting that Jason Hoffman be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jason Hoffman was born in 1977. He attended Kearney Catholic High School graduating in 1996.

Jason Hoffman employment history is as follows:

2001 - 2002	Cook, Buzzard Billy's	Lincoln, NE.
2001 - 2002	Stylist, Textures Salon	Lincoln, NE.
2001	Server, Green Mill	Lincoln, NE.
2000	Cook, Alley Rose	Kearney, NE.
1999 - 2000	Barber, The Barbershop	Kearney, NE.

Stockholder information is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Police Department

575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) EL PUEBLO

☒ Manager

☒ Owner

Other _____

Name: JASON HOFFMAN

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ? No

☒ Yes

Explain 98 m.p. Fined \$75.00

Does applicant have an interest in another liquor license ? ☒ No

Yes

Explain _____

Is spouse qualified to hold a license ? Yes

No

☒ N/A

How is applicant if not an owner to be paid ? Salary

Hourly N/A

How many hours will applicant be at the establishment ? 25-30

Any other employment ? No

Yes, explain NONE AT CURRENT TIME

Any previous experience with a liquor license? Yes

☒ No

Any criminal convictions ? No

☒ Yes

Comments 2001 - see ATTACHED

Is applicant a property owner in Lincoln ? Yes

☒ No

Is applicant involved in any civil litigation ? ☒ No

Yes

Comments _____

☒ Photo

☒ Records Check

☒ References

Comments _____

Interview Date 3/21/02

STATE OF NEBRASKA

Russ

Set date: 2/25/02
PH: 3802



Mike Johanns
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

A2-016612
89A

February 12, 2002

Joan Ross, City Clerk
County/City Bldg
555 So 10th St., Ste 103
Lincoln, NE 68508

RE: Prensa Latina Inc dba "El Puente", 815 'O' St., Lincoln, Lancaster Co.
Pending Class I-53836 application for license

Dear Ms Ross:

Enclosed is a new manager application for Jason E Hoffman to replace that of Manuel G Calderon. Also Mr. Hoffman is the new president and ceo of this corporation replacing Manuel G Calderon.

I have enclosed all the necessary papers for your council action.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

A handwritten signature in cursive script, appearing to read "Lucy Hoffman".

Lucy Hoffman
License Division

enc/

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

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NEBRASKA LIQUOR
INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

Prensa Latina, Inc.

Total Number of Shares (if corporation)

1,000

Corporate Street Address

815 "O" Street

Mailing address for receipt of Liquor Control Commission Mailings

P O Box 83707, Lincoln, NE 68506

 Corporate Telephone Number
402-435-1634

 City
Lincoln

 County
Lancaster

 State
NE

Zip Code

68508

Name of Registered Agent

Manuel Calderon

Name of Proposed Manager

Jason Hoffman

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Jason Hoffman

Title

President

Date of Birth

Social Security Number

Home Address (1)

746 "B" Street

City

Lincoln

State

NE

Zip Code

68502

Home Telephone Number

402-474-4184

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Calderon, Guillermo Manuel	553-81-3743	7/8/67	Shareholder
Spouse Name Calderon, Virginia NMN (Osuna)	None	7/24/74	
Partner Number of Shares / % 250	Spouse Number of Shares / % 0		
Name of Officers, Directors, Members and Spouses.			

Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Sanchez, Fabian			Shareholder
Spouse Name Sanchez, Petra			
Partner Number of Shares / % 250	Spouse Number of Shares / % 0	RECEIVED FEB 12 2002	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Davis, Maria Delores (Quiroz)			Shareholder
Spouse Name None			
Partner Number of Shares / % 10	Spouse Number of Shares / %	NEBRASKA LIQUOR CONTROL COMMISSION	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Sanchez, Anna Carin			Shareholder
Spouse Name None			
Partner Number of Shares / % 240	Spouse Number of Shares / %		
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC.
Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: 01/01 Ending date: 12/31

State of Nebraska

)

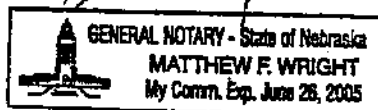
)

ss.

Lancaster County

)

Notary Public Signature & Seal



By

President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Secretary/Member

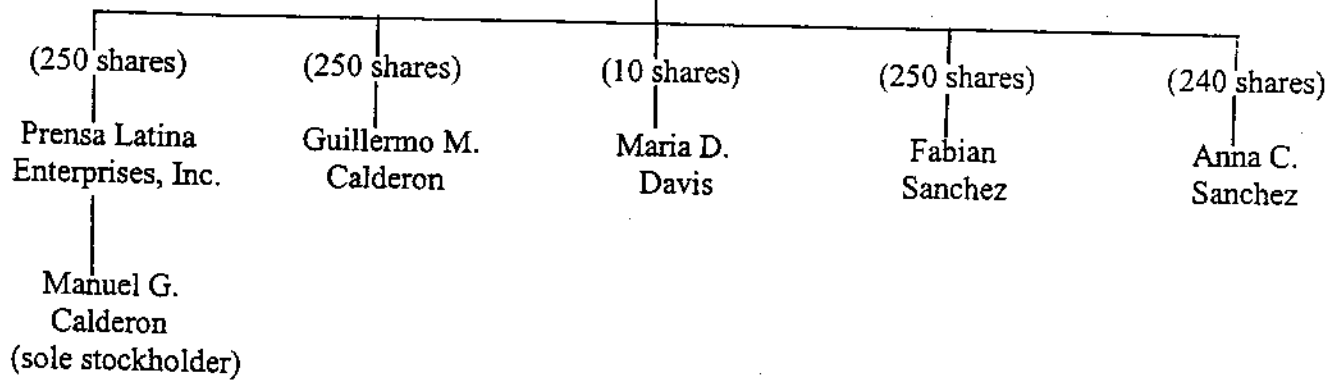
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Verify Form and Print

NEBRASKA LIQUOR CONTROL COMMISSION
FORM 35-4183
REV. 02/01

PRENSA LATINA, INC.
(1,000 shares)



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NEBRASKA LIQUOR
CONTROL COMMISSION

Application for Corporate Manager***Must Be A Nebraska Resident*****Please submit in Triplicate****RECEIVED****FEB 12 2002****NEBRASKA LIQUOR
CONTROL COMMISSION**Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Prensa Latina, Inc.

*

Class & License number

1

*

Trade Name of Licensed Premise

El Puente

*

Street Address of Licensed Premise

815 "O" Street

City

Lincoln

*

Zip Code

68508

*

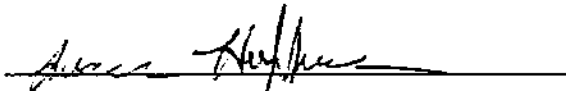
County

Lancaster

*

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

**APPLICANT INFORMATION (MUST BE 21 OR OVER)**

Full Name (Last, First, Middle, Maiden)

Hoffman, Jason Eric

*

Sex *

F

☐

M

☒

Social Security Number

*

Date of Birth

*

Place of Birth

Kearney, NE

*

Home Street Address

746 "B" Street

*

City

Lincoln

*

County

Lancaster

*

State

NE

*

Zip Code

68502

*

Home Telephone Number

402-474-4184

*

Business Telephone Number

402-476-8802

*

Drivers License Number

*

State

NE

*

Are You Married? * Yes ☐ No ☒ If Yes, You must complete the following:

SPOUSE'S INFORMATION

Full Name (Last, First, Middle, Maiden)

Social Security Number

Drivers License Number

State

Date of Birth

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Place of Birth

NEBRASKA LIQUOR
CONTROL COMMISSION

* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes	No	Speeding, 11-95 - Gibbon, NE	Minor in Possession, 07/98
<input checked="" type="radio"/>	<input type="radio"/>	Speeding, 01/96 - Kearney, NE	Lincoln, NE
		Failure to Yield, 05/96 - Kearney, NE	Urinating in Public, 05/01
			Lincoln, NE

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No
☐ ☒

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No
☐ ☒

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No
☒ ☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No
☒ ☐

LIST PRINCIPAL RESIDENCE FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

Year From To		RECEIVED FEB 12 2002 NEBRASKA LIQUOR CONTROL COMMISSION
Applicant: City & State	2000 2002	
Lincoln, NE		
Spouse: City & State		
Year From To		
Applicant: City & State	1999 2000	
Kearney, NE		
Spouse: City & State		
Year From To		
Applicant: City & State	1997 1999	
Lincoln, NE		
Spouse: City & State		
Year From To		
Applicant: City & State	1996 1997	
Fremont, NE		
Spouse: City & State		
EMPLOYERS - LIST LAST TWO EMPLOYERS		
Name of Employer	Year From To	
Prensa Latina, Inc.	2001 2002	
Name of Supervisor	Telephone Number	
Manuel Calderon	402-476-8802	
Name of Employer	Year From To	
Textures Salon	2001 2001	
Name of Supervisor	Telephone Number	

APPLICATION FOR CORPORATE MANAGER

Page 3

Resident

Kearney, NE

1996

1997

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NEBRASKA LIQUOR
CONTROL COMMISSION

Dwayne Putnam

402-328-8999

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY
APPLICANT & SPOUSE**

STATE OF NEBRASKA)

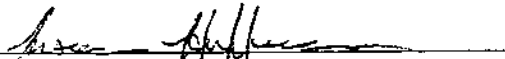
) SS

COUNTY OF LANCASTER

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached. however, fingerprint cards are still required to be filed.

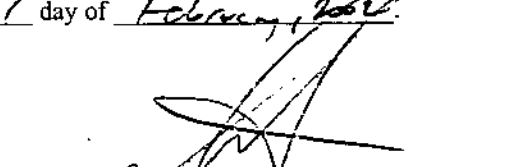
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.


Signature of Applicant

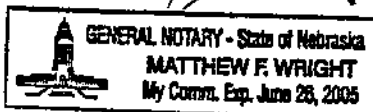
Signature of Spouse

Subscribed in my presence and sworn to before me this
7 day of February, 2002.

Subscribed in my presence and sworn to before me this
____ day of _____.


Notary Signature & Seal

Notary Signature & Seal



Verify and Print

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REV. 2/01

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NEBRASKA LIQUOR
CONTROL COMMISSION

SECTION B		OTHER INFORMATION REQUIRED *	
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Jason Hoffman See attached
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input type="radio"/>	
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input type="radio"/>	
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input type="radio"/>	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input type="radio"/>	

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NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICATION FOR LICENSE

Section B.

1. Speeding, 11-95, Gibbon, NE
Speeding, 01-96, Kearney, NE
Failure to Yield, 05-96, Kearney, NE
Minor in Possession, 07-98, Lincoln, NE
Urinating in Public, 05-01, Lincoln, NE

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CONTROL COMMISSION

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>	
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>US Bank Jason Hoffman Manuel Calderon Fabian Sanchez</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>			
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Jason Hoffman 30-35 hours a week</p>		

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NEBRASKA LIQUOR
CONTROL COMMISSION

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Server-The Cellar, Kearney, NE Server-The Green Mill, Lincoln, NE Bartender, boulder, ID verification, managerial duties, El Puente, Lincoln, NE		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)			
15. When do you intend to open for business?			
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Jason Hoffman	2000	2002	Lincoln, NE
Jason Hoffman	1999	2000	Kearney, NE
Jason Hoffman	1997	1999	Lincoln, Ne
Jason Hoffman	1996	1997	Fremont, NE
Jason Hoffman	1977	1996	Kearney, NE

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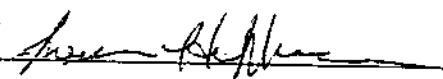
FEB 12 2002

NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
here 

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

Subscribed in my presence and sworn to before me this _____ day of _____

(SEAL)

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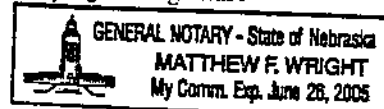
In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here _____

Notary Public Signature

NEBRASKA LIQUOR
CONTROL COMMISSION

Verify & Print form



FORM 35-4010

1

REV 1/01